United Nations E/ICEF/2002/P/L.4/Add.1

Economic and Social Council

Distr.: Limited
9 July 2002
English
Original: French

For action

United Nations Children's Fund
Executive Board
Second regular session of 2002
16-20 September 2002
Item 3 of the provisional agenda*

Country programme recommendation**

Côte d'Ivoire

Addendum***

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2002 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board should approve the amount of $17,663,000 from general resources, subject to the availability of funds, and $8 million in supplementary funds, subject to the availability of specific-purpose contributions, under the country programme for Côte d'Ivoire for the period 2003-2007.

* E/ICEF/2002/11.

** The original country strategy note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2001. They will be contained in the "Summary of 2002 recommendations for general resources and supplementary funding programmes" (E/ICEF/2002/P/L.36).

*** Submission of the document was delayed pending the availability of more recent data.

02-47294 (E) 070802 080802

Contents

		Page
	The situation of children and women	3
	Programme cooperation, 1997-2002	3
	Recommended programme cooperation, 2003-2007	5
Tables		
1.	Basic statistics on children and women	12
2.	Expenditure under previous cooperation period, 1997-2002	14
3.	Planned yearly expenditures	15
4.	Linkage of programme budget and staffing/staff costs	16

The situation of children and women

1. The analysis of the situation remains essentially the same as that described in the country programme strategy note submitted to the Executive Board at its first regular session of 2002 (E/ICEF/2002/P/L.4). Nevertheless, some important changes have taken place since the submission of the country programme strategy note.

2. The establishment of the strategic poverty reduction framework will enable Côte d'Ivoire to benefit from the Heavily Indebted Poor Countries Debt Initiative from October 2002. At the conclusion of the National Reconciliation Forum, the Government signed with the International Monetary Fund an economic and financial programme for the period 2002-2004 within the framework of the Poverty Reduction and Growth Facility. Payments have already been made by the World Bank, the European Union, the African Development Bank (ADB) and Coopération française. The resumption of economic cooperation with the international community is an opportunity to increase resources for the implementation of development programmes; that could restore Côte d'Ivoire to its position as the region's "El Dorado", leading to an increase in the number of immigrants, including children victims of trafficking and economic exploitation. At the same time, this resumption creates a risk of wage demands that could affect the implementation of the programme.

3. Côte d'Ivoire gave concrete expression to its commitment to combat the exploitation of child labour for economic purposes by ratifying, in March 2002, the Convention concerning Minimum Age for Admission to Employment, the Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour and the African Charter on the Rights and Welfare of the Child. It also played a key role in organizing, in February 2002, the regional technical workshop on the traffic in and exploitation of children, which enabled the adoption of a strategic plan for combating this phenomenon.

Programme cooperation, 1997-2002

4. The health and nutrition programme made it possible to extend the primary health care (PHC) strategy and the Bamako Initiative from six to 21 districts located in the programme intervention area out of the country's 65 districts, thus covering a population of 5.2 million inhabitants or 30 per cent of the total population, and to strengthen the capacities of the management teams in supervising, monitoring and evaluating health facilities. It also enabled the oral polio vaccine, which is systematically combined with vitamin A, to be administered during the national immunization days to about 4 million children aged six months to five years since 1999, a coverage rate of more than 100 per cent each year. Côte d'Ivoire was granted funding from the Global Alliance for Vaccine and Immunization, enabling it to contemplate the strengthening of routine immunization through the introduction of new antigens and injection safety measures. The programme laid the foundations of collaboration with all the partners involved in the iodized salt production and distribution system. With regard to the prevention of mother-to-child HIV transmission, access to guidance, testing and antiretroviral drugs was tried out and strengthened in seven health facilities in the city of Abidjan.

5. The basic education programme contributed to the increase of the net enrolment ratio for girls from 47 per cent in 1997 to 58 per cent in 1999 in the programme intervention area (Bondoukou, in the north-east of the country), for a national net enrolment ratio of 56 per cent in 1999. It also supported the establishment of 18 community-based intake and socialization centres for pre-school children, from which 2,015 children aged three to six years have benefited. Within the framework of efforts to combat HIV/AIDS, the programme supported the formulation of a communication strategy with the participation of children in schools. It also supported the development of training modules on HIV/AIDS for use by primary school teachers and literacy workers for raising awareness among female school dropouts and illiterate women. In the context of education for all, the programme experimented with the introduction of basic skills in the curricula of 16 Koranic schools in the intervention area. Owing to difficulties with follow-up and the poor quality of the teaching materials (picture boxes), it was not possible to obtain convincing results. In accordance with the protocol signed in 2001 between the Government, the World Food Programme (WFP), the Office of the United Nations High Commissioner for Refugees (UNHCR) and UNICEF, the basic education programme contributed to the integration of more than 2,000 school-age refugee children in Ivorian primary schools, provided the integration classes with teaching materials and strengthened the capacity of the teachers in charge of these classes through training.

6. The poor urban areas/children in especially difficult circumstances programme assisted the street teams of the Ministry of Social Affairs in providing health care to 7,542 vulnerable young people. It supported the development of neighbourhood networks for orphans and children rendered vulnerable as a result of HIV/AIDS in the Bondoukou and Bouaké regions and in the city of Abidjan. Regarding efforts to combat the traffic in children, Mali and Côte d'Ivoire, on the initiative of UNICEF, signed a memorandum of understanding with a view to fighting this phenomenon effectively. A survey is being conducted, with the support of the International Labour Organization (ILO) and UNICEF, on practices relating to child labour in the cocoa plantations of Côte d'Ivoire.

7. The sanitation, water supply and environment programme contributed to a significant drop in the incidence of Guinea worm disease (dracunculiasis), which fell from 1,326 cases in 175 villages in 1997 to 231 in 26 villages in 2001, a reduction of 83 per cent. This was achieved through the drilling of wells in highly endemic villages and the reactivation of 150 committees for the management of pumps and the promotion of environmental health by women. The programme also supported the deworming of 32,700 pupils in 109 schools in the intervention areas, thus enabling the nutritional situation of 45 per cent of the total number of pupils in those schools to be improved. It also provided training for teachers running school hygiene and health education clubs in preventive health care, hygiene and HIV/AIDS prevention.

8. One of the main achievements of the advocacy and communication programme was the submission of the initial report of Côte d'Ivoire to the Committee on the Rights of the Child in May 2001. The programme also contributed to the creation of the "child-friendly" communicators network, the group of media women against AIDS and a network of 800 peer educators for the prevention of sexually transmitted diseases, HIV/AIDS and teenage pregnancies. At the same time, the strengthened partnership with rural radio stations, the modern media and traditional

communicators enabled the dissemination in communities of messages encouraging behaviour conducive to health, the education of girls and hygiene, inter alia. The "Say Yes for Children" campaign was a success, with 438,000 votes (3 per cent of the total population) compared with 300,000 anticipated.

9. The social planning, monitoring and evaluation programme contributed to strengthening the process of decentralizing the establishment of databases containing information and indicators for monitoring the rights of the child within regional planning departments. It also contributed to building national and institutional capacities through support for the realization of the multiple-indicator survey, the 20/20 Initiative and the analysis of the socio-economic impact of HIV/AIDS on children. The results of these studies and surveys highlighted the precarious situation of children and women, the scale of the problem of HIV/AIDS and the urgent need to address it. These findings are a point of reference for the Government, UNICEF and the other development partners. The modest rate of implementation of the country programme is due to the socio-political upheaval observed during this period and the long periods for which several international posts remained vacant.

Lessons learned from past cooperation

10. For the most part, the lessons learned are the same as those described in the country programme strategy note. The pilot programme on preventing mother-to-child HIV transmission in four urban health centres in the city of Abidjan made it possible to move from research to a service delivery phase, reducing the mother-to-child transmission rate from 25 to 15 per cent. This achievement was possible owing to a successful partnership and staff motivated through training. The need to have a segment focusing on emergency preparation and response to enable rapid action has been taken into account in the new programme in the light of the fragility of the internal socio-political situation and the persistence of instability in neighbouring countries.

Recommended programme cooperation, 2003-2007

Recommend programme cooperation*

(In thousands of United States dollars)

	General resources	*Supplementary funds*	*Total*
Health and nutrition	6 199	4 000	10 199
Basic education	4 785	2 500	7 285
Child and adolescent welfare	2 507	1 500	4 007
Social policy, monitoring and evaluation	2 176	-	2 176
Cross-sectoral costs	1 996	-	1 996
Total	**17 663**	**8 000**	**25 663**

* The breakdown for estimated yearly expenditures is given in table 3.

Preparation of the country programme

11. The preparatory process for the programme was coordinated by the Ministry of Planning through a steering committee set up for that purpose. The audit and the mid-term review, carried out in 1998 and 1999 respectively, and the 2000 situation analysis were the first essential stages of the process. An information and training seminar on the programming process for staff from UNICEF and the national partners held in July 2001 enabled the priority problems of children and women to be identified and the determinants and causal mechanisms of those problems to be analysed. The process continued with the strategy meeting, which enabled a broad consensus to be reached on the strategic directions, main areas of action and convergence zones of the programme. The programme was based on the joint United Nations strategic framework to combat HIV/AIDS, the Common Country Assessment and the United Nations Development Assistance Framework, whose working group on poverty reduction was chaired by UNICEF. The observations of the members of the Executive Board on the country note have been taken into account. The Government, civil society, the children's parliament, United Nations agencies and bilateral cooperation agencies have been included or consulted during the development of the programme.

Country programme goals and objectives

12. The goal of the programme is to contribute, within the framework of the national anti-poverty strategy, to improving the living standards of children and women, with special attention to the most vulnerable groups, while ensuring respect for their rights and the exercise thereof. In complementary and synergistic cooperation with the actions of the other development partners, the programme will support the efforts of the Government, with a view to contributing to: (a) reducing infant, child and maternal mortality rates; (b) providing the largest possible number of children with quality basic education while eliminating disparities between girls and boys; (c) reducing the incidence of HIV/AIDS, with special attention to prevention among children and adolescents; (d) creating a family, community, political and institutional environment conducive to providing appropriate care for children and adolescents, including those affected by or infected with HIV, in terms of their awareness, protection and development needs; and (e) improving the design and monitoring of social policies better targeted to children and women and the most vulnerable populations.

Linkages with national and international priorities

13. Côte d'Ivoire is in the process of preparing a Poverty Reduction Strategy Paper describing the national priorities in the areas of child survival, development, protection and participation through the promotion of infant and maternal health, quality basic education, action to combat HIV/AIDS, abuse, violence, economic exploitation and discrimination, and support for the design and monitoring of social policies. The new programme targets the priority problems identified by the situation analysis. It conforms to the Government's priorities, to those set out in UNICEF's medium-term strategic plan and to the recommendations of the Committee on the Rights of the Child concerning, inter alia, the harmonization of

national laws with international texts, the implementation of independent mechanisms to monitor the application of the Convention on the Rights of the Child, the fight against child trafficking and labour and the fight against HIV/AIDS. The programme falls within the framework of "A World Fit for Children" and of the millennium goals.

Programme strategies

14. The cooperation programme comprises four sectoral programmes. In order to better address emerging problems and to ensure maximum levels of integration, five interlinking components (HIV/AIDS, development of young children, water supply, sanitation and environment, communication aimed at behaviour modification, emergencies) will be structured around the sectoral programmes.

15. The strategy comprises the following main areas: (a) providing quality basic health, social welfare and education services to communities, socialization and social reintegration for children and adolescents living in precarious conditions; (b) advocacy and communication aimed at the implementation of the Convention on the Rights of the Child, behaviour modification and the utilization of basic services; (c) empowering communities with a view to encouraging modifications in the behaviour of the target groups and increasing the participation of communities, particularly young people, in all stages of the programme; (d) national capacity-building in the area of service delivery planning and management and the design of social policies.

16. The programme will be based on geographical convergence in seven departments in the north-eastern, north-central and south-western regions and in a precarious neighbourhood of Abidjan, reaching 15 per cent of the total population of the country (2.5 million), in order to better target vulnerable populations, enhance the synergies between the sectoral programmes, increase the impact of actions on their beneficiaries and take better advantage of the opportunities provided by a strengthened and targeted partnership. The United Nations Development Group has decided to merge the actions of the agencies in those regions. Actions will be decentralized in the convergence area, supported by intersectoral coordination at all levels in order to maximize their impact and the strengthening of the partnership, inter alia in the fight against HIV/AIDS, with the United Nations Foundation, the French Committee for UNICEF, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Within each sectoral programme there will be integration of the interlinking components (prevention and management of HIV/AIDS, holistic care for young children, water supply, sanitation and emergencies) at each stage of the programming.

17. **Health and nutrition**. At the national level, the programme will focus on disease prevention through vaccination, reducing vitamin A deficiency and preventing the transmission of HIV/AIDS. In the seven health districts of the convergence area, it will contribute to: (a) improving the utilization and the quality of services provided in the relevant hospitals and in 60 per cent of the first-line structures, by taking into account the specific needs of children, adolescents and pregnant women; (b) reducing by one third mother-to-child transmission of HIV/AIDS through the implementation of the programme for the prevention of such transmission in the health structures of the health districts of Abobo, Bondoukou

and Bouaké; (c) ensuring the availability of iodized salt and increasing its consumption from 30 to 80 per cent in households; (d) reducing protein-energy malnutrition by half among children under 5 and the prevalence of nutritional anaemia by 50 per cent among women of reproductive age; (e) improving the efficiency of malaria care for pregnant women through periodic treatment; and (f) ensuring the integrated management of childhood diseases.

18. The programme comprises two projects: (a) PHC, and (b) nutrition and micronutrients. It will be supported by: (a) advocacy with a view to the adoption of policies, standards and procedures at the central level and their effective implementation at the operational level; (b) capacity-building for service providers within the health districts, non-governmental organizations and communities through (re)training in the design of decentralized plans, in execution, monitoring and evaluation, and in the management of activities; (c) making available equipment and basic materials for the revitalization of first-line health structures and the relevant hospitals and the construction, restoration and improved management of water points, inter alia within the framework of the eradication of dracunculiasis; and (d) empowering communities, opinion leaders, women, young people and adolescents through an integrated communication plan aimed at behaviour modification.

19. **Basic education**. At the national level, the programme will support implementation of the plan of action for education for all. In the target areas, its aim will be to: (a) get the communities and parents' associations to create conditions conducive to the development of infants of up to three years old; (b) develop every year in 30 community structures, early learning activities for at least 1,200 children between 3 and 6 years old; (c) reduce by a third the number of primary school children aged 6 to 8 years who repeat or drop out of school; (d) increase by 10 per cent the net enrolment rate for girls; (e) help at least 75 per cent of children and teenagers to acquire the knowledge and skills needed to prevent HIV/AIDS; (f) promote the introduction of basic skills into the curricula of 50 per cent of Koranic schools; (g) provide basic remedial education to 5,000 girl school dropouts.

20. The programme comprises two projects: (a) quality basic education in a school setting; and (b) basic education in a non-school setting. The quality of education will be improved through teacher training, revision of the curricula and improvement of the school environment through the provision of sanitation and hygiene facilities and drinking water. Strategies aimed at increasing the awareness and training of communities and families will be the main focus for the promotion of child welfare and development. Specific strategies will be geared towards helping parents' associations, teachers and the institutions concerned to promote the enrolment of girls, in terms of access, retention and success. The partnership with the World Bank will enable the programme to strengthen its assistance in the area of helping girls who have dropped out of school to learn how to read and write. Peer education and an appropriate communicational approach will be developed as part of the campaign to prevent HIV/AIDS in schools. In order to extend life skills to children and teenagers who are outside the formal school system, including those who attend Koranic schools, the programme will train teachers and produce suitable teaching materials while identifying points of convergence with the formal system. Emphasis will also be placed on education for peace and tolerance, including in the refugee reception area.

21. **Protection of children and teenagers**. At the national level, the programme will promote compliance with legislation in consonance with international legal instruments relating to children in general and children who are denied their fundamental rights in particular. It will support national authorities and communities in helping to combat the violation of children's rights.

22. The programme will be implemented through two projects based on a social approach and a legal approach. The social project aims to establish and standardize social policies for groups of excluded children in order to provide them access to enhanced basic social services. Rehabilitation strategies will be developed and tailored to marginalized groups and victims of abuse in both the disadvantaged urban areas and rural areas. Emphasis will also be placed on reintegration of children into families together with assistance and monitoring in their home environment. A network of partners will be established to strengthen the measures for placing and providing assistance to vulnerable children, especially those infected with and affected by HIV/AIDS. The legal component will contribute to the establishment, in accordance with international law, of a system of justice for minors which addresses children's concerns. It will be administered by an enhanced and decentralized legal and judicial system with a competent staff that is accessible to the beneficiaries. Specific strategies for the protection of the rights of the child, on reintegration and assistance to children who are subject to trafficking for the purposes of economic exploitation, will be formulated in collaboration with other bilateral and multilateral partners working in that area, such as the International Organization for Migration (IOM), ILO, the embassy of the United States of America and national and international non-governmental organizations, including Save the Children and the International Catholic Child Bureau. The programme's contribution will help to establish a legal and operational institutional framework through the training of specialized staff and the strengthening of the means of preventive and corrective action. Similarly, a social framework will be developed to promote the reintegration of at-risk children into the formal social system and providing them with specific assistance aimed at socializing them.

23. **Social policy, monitoring and evaluation programme**. As a result of its cross-sectoral dimension, this programme will provide methodological support to the sectoral programmes in the planning, monitoring and evaluation of activities. It will support the formulation of multi-sectoral national policies based on an integrated approach to the care of young children and on the formulation of social policies for children and women, especially the most vulnerable groups. It will establish an efficient system of information on the situation of children and women, improve the mechanisms for monitoring and evaluating the performance of the cooperation programme and will prepare a rapid response plan for any emergency situation that exacerbates the vulnerability of children and women.

24. The programme will be implemented through two projects: (a) support for the development of social policies; and (b) monitoring of the situation of children and women. The programme will ensure that the needs and rights of children are taken into account in the formulation and implementation of social policies and programmes through the monitoring and dissemination of key indicators and in coordination with the follow-up of the 20/20 Initiative and of the various agreements and conventions. It will contribute, in close collaboration with the United Nations system, to the dialogue on economic and social policies in order to ensure that actions relating to children and women are better targeted when preparing the poverty reduction strategy paper. It will also support the implementation of the

20/20 Initiative and how it fits in with the priority accorded to social services in the poverty reduction strategy.

25. The cross-sectoral costs mainly concern defraying a portion of the operating expenses and salary costs of the support sections and cross-sectoral components (communication for the programme, water, hygiene and sanitation) identified to be financed from regular resources.

Monitoring and evaluation

26. The monitoring and evaluation activities of the cooperation programme will comprise identifying relevant indicators together with basic data in order to evaluate the extent to which the programme's objectives have been achieved, joint field trips of government partners and UNICEF staff, quarterly sector-by-sector reviews of the implementation of the plan of action and financial performance, bi-annual, annual and mid-term reviews with all the partners. The compilation of management quality indicators of the cooperation programme will be continued and enhanced. A table of indicators and an integrated monitoring and evaluation plan will be used to follow up the recommendations of the Committee on the Rights of the Child and monitor the situation of children in general. A national evaluation network will be established to gradually develop a culture of evaluation for the public services, civil society, Parliament, the universities and research institutions.

Collaboration with other partners

27. The partnership strategies and alliances which began to be forged during the current programme will be pursued and strengthened, including in the target areas, with the agencies of the United Nations system in the context of poverty reduction (World Bank, ADB, bilateral cooperation); with ILO and IOM in the context of child labour; with WFP and the United Nations Educational, Cultural and Scientific Organization with respect to girls' literacy; with the World Health Organization and UNAIDS with respect to combating HIV/AIDS; with WHO and the World Bank in the case of immunization; the United Nations Population Fund in the area of reproductive health and the World Bank in the area of urban health; and UNHCR, WFP, non-governmental organizations and bilateral partners in the area of emergency response. The programme will strengthen and expand its partnership with the private sector, non-governmental organizations and development partners especially with respect to iodation (Rotary Club, Population Services International, Save the Children, the Belgian, Canadian, French, German, Japanese, Netherlands, Norwegian and United States agencies for technical cooperation). It will work with research institutions on priority issues concerning in particular the determinants of child, infant and maternal mortality. It will participate in the dissemination of information and the establishment of programme coordination mechanisms with institutions adopting similar pragmatic approaches.

Management of the programme

28. The financial and technical management of the cooperation programme will be undertaken by the relevant supervisory ministry, which is responsible for

coordinating the sectoral programme steering committee, in close collaboration with the Ministry of Planning, which will organize, coordinate and carry out bi-annual and annual reviews. The programme steering committee will be responsible for planning, monitoring and coordinating the activities of the sectoral programme and evaluating project progress. Monitoring of policies will ensure that all the programme activities are integrated into the programming process and that cross-cutting components are properly implemented. In the target areas, appropriate management mechanisms coordinated by the regional branches of the Ministry of Planning will be developed to formulate, monitor and evaluate the plan of action in close collaboration with central government officials responsible for sectoral programmes, non-governmental organizations and grass-roots communities.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Cote d'Ivoire	(2000 and earlier years)			UNICEF country classification
Under-five mortality rate	173		(2000)	Very High U5MR
Infant mortality rate	102		(2000)	Very High IMR
GNI per capita	$ 660		(2000)	Low GNI
Total population	16.0	Million	(2000)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	2000
Births	(thousands)	282	436	525	571
Infant deaths (under 1)	(thousands)	45	50	53	58
(per 1,000 live births)					
Under-five deaths	(thousands)	67	75	81	99
Under-five mortality rate		239	172	155	173
(per 1,000 live births)					
Infant mortality rate (under 1)		158	114	100	102
(per 1,000 live births)					

		About 1990	Most recent
Underweight children (under 5)	Moderate & severe	24**	21*
(% weight for age, 1994/1999)	Severe	6**	4*
Babies with low birth weight		..	17
(%, 1999)			
Primary school children reaching		73	70
grade 5 (%, 1990/1996)			

NUTRITION INDICATORS	About 1990	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1994/2000)	3	11
Timely complementary feeding rate (6-9 mos.) (%, 1994/2000)	65	54
Continued breast-feeding rate (20-23 mos.) (%, 1994/2000)	45	42
Prevalence of wasting (0-59 mos.) (%, 1994/1999)	8**	10*
Prevalence of stunting (0-59 mos.) (%, 1994/1999)	24**	22*
Vitamin A supplementation coverage (6-59 mons.) (%)	..	..
Household consuming iodized salt (%, 1990/2000)	0	31

HEALTH INDICATORS		About 1990	Most recent
ORT use rate (%, 2000)		..	25
Routine EPI vaccines financed by government (%, 2000)		..	65
Use of improved drinking water sources	Total	80	81
(% of population, 1990/2000)	Urban/rural	97/69	92/72
Use of improved sanitation facilities	Total	46	52
(% of population, 1990/2000)	Urban/rural	70/29	71/35
Births attended by skilled personnel		45	47
(%, 1994/1998-99)			
Maternal mortality rate		..	600
(per 100,000 live births, 1988-94)			
Antenatal care coverage		83	88
(%, 1994/2000)			
Adult HIV prevalence rate		..	10.8
(%, 1999)			

Immunization		1981	1985	1990	1995	2000
One-year old (%) immunized against:	Tuberculosis	..	29	62	69	84
	DPT	..	25	54	52	72
	Polio	..	16	56	46	72
	Measles	..	..	56	57	73
Pregnant women (%) immunized against:	Tetanus	..	..	..	..	..

* Aged 0-36 months.
** Aged 0-35 months.

TABLE 1 (continued)

Cote d'Ivoire

EDUCATION INDICATORS		About 1990	Most recent
Primary enrolment ratio (gross/net) (%, 1994/2000)	Total	../49 b/	../57 b/
	Male	../55 b/	../61 b/
	Female	../43 b/	../52 b/
Secondary enrolment ratio (gross/net) (%, 1990/1996)	Total	22/..	24/..
	Male	30/..	33/..
	Female	14/..	16/..
Adult literacy rate, 15 years & older (%, 1990/2000)	Total	33	47
	Male/Female	43/23	55/38
Radio/television sets (per 1,000 population, 1990/1997)		146/60	161/64

DEMOGRAPHIC INDICATORS		1970	1980	1990	2000	2010
Total population	(thousands)	5515	8448	12582	16013	19625
Population aged 0-18 years	(thousands)	2848	4368	6605	7943	8991
Population aged 0-5 years	(thousands)	1076	1669	2316	2421	2877
Urban population (% of total)		27.4	34.7	40.3	46.4	52.5
Life expectancy at birth (years)	Total	44	49	50	48	51
	Male	43	48	49	48	51
	Female	46	51	52	48	51
Total fertility rate		7.4	7.4	6.3	4.9	4.0
Crude birth rate (per 1,000 population)		51	52	42	36	33
Crude death rate (per 1,000 population)		21	17	14	16	14

		About 1990	Most recent
Contraceptive prevalence rate (%, 1994/1998-99)		11	15
Population annual growth rate (%, 1970-90/1990-2000)	Total	4.1	2.4
	Urban	6.1	3.8

ECONOMIC INDICATORS		About 1990	Most recent
GDP per capita annual growth rate (%, 1960-90/1990-2000)		1.0	0.5
Inflation rate (%, 1985-92/1990-2000)		-2.1	7
Population below $1 a day (%, 1995)		..	12
Household income share (%, 1988/1995)	Top 20%/bottom 40%	44/18	44/18
Government expenditure (% of total expenditure,)	Health/education	../..	4/21
	Defense	..	4
Household expenditure (% share of total)	Health/education	../..	../..
Official development assistance: (1990/1999)	$US millions	694	447
	As % of GNI	8	4
Debt service (% of goods and services exports (1990/1999)		26	25

b/Survey data.

Table 2
Expenditure under previous cooperation period, 1997-2002[a]

Country: Côte d'Ivoire
Latest board approval: 1996
Regular resources: $14,366,980

(In thousands of United States dollars)

Programme sectors/areas	Total					
	Regular resources[b]		Other resources		Total (RR and OR)	
	Actual	Planned[c]	Actual	Planned[c]	Actual	Planned[c]
Health and nutrition	2 853	3 617	4 223	4 200	7 076	7 817
Basic education	1 587	2 134	520	3 700	2 107	5 834
Sanitation, water and environment	1 941	1 821	295	1 700	2 236	3 521
Activities in poor urban areas	1 172	1 705	73	1 800	1 245	3 505
Advocacy and communication	1 452	1 990	66	300	1 518	2 290
Social planning, monitoring and evaluation	1 531	1 483	-	-	1 531	1 483
Programme support	1 080	1 617	-	-	1 080	1 617
Grand total	**11 616**	**14 367**	**5 177**	**11 700**	**16 793**	**26 067**

RR = Regular resources.
OR = Other resources.
[a] Actual expenditure includes expenditure recorded as at closure 31 May 2002.
[b] Actual RR expenditure includes allocations from global set-aside.
[c] Includes $5,067,000 (E/ICEF/2001/P/L.59) for 2002 short duration programme.

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: COTE D'IVOIRE
PROGRAMME CYCLE : 2003-2007

	FUND	2003	2004	2005	2006	2007	TOTAL
HEALTH/NUTRITION	RR	1,179,000	1,243,000	1,259,000	1,259,000	1,259,000	6,199,000
	OR	800,000	800,000	800,000	800,000	800,000	4,000,000
	TOTAL	1,979,000	2,043,000	2,059,000	2,059,000	2,059,000	10,199,000
BASIC EDUCATION	RR	910,000	959,000	972,000	972,000	972,000	4,785,000
	OR	500,000	500,000	500,000	500,000	500,000	2,500,000
	TOTAL	1,410,000	1,459,000	1,472,000	1,472,000	1,472,000	7,285,000
SOCIAL POLITICS - MONITORING & EVAL	RR	411,000	436,000	443,000	443,000	443,000	2,176,000
	OR						
	TOTAL	411,000	436,000	443,000	443,000	443,000	2,176,000
CROSS-SECTORAL COSTS.	RR	382,000	399,000	405,000	405,000	405,000	1,996,000
	OR						
	TOTAL	382,000	399,000	405,000	405,000	405,000	1,996,000
PROTECTION	RR	477,000	503,000	509,000	509,000	509,000	2,507,000
	OR	300,000	300,000	300,000	300,000	300,000	1,500,000
	TOTAL	777,000	803,000	809,000	809,000	809,000	4,007,000
TOTAL, PROGRAMME BUDGET	RR	3,359,000	3,540,000	3,588,000	3,588,000	3,588,000	17,663,000
	OR	1,600,000	1,600,000	1,600,000	1,600,000	1,600,000	8,000,000
	TOTAL	4,959,000	5,140,000	5,188,000	5,188,000	5,188,000	25,663,000
STAFF COSTS a/		708,669	737,641	767,912	796,711	824,834	3,835,767
GENERAL OPERATING COSTS		334,984	475,522	463,818	514,698	508,717	2,297,739
TOTAL, ESTIMATE SUPPORT BUDGET		1,043,653	1,213,163	1,231,730	1,311,409	1,333,551	6,133,506
GRAND TOTAL		6,002,653	6,353,163	6,419,730	6,499,409	6,521,551	31,796,506

RR = regular resources
OR = other resources

a/ Including consultants and temporary assistance.

TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : COTE D'IVOIRE
PROGRAMME:2003-2007

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
HEALTH/NUTRITION	6,199,000		6,199,000	0	0	0	1	0	0	1	1	2	4	741,062	375,635	1,116,697
BASIC EDUCATION	4,785,000		4,785,000	0	0	0	1	0	0	1	1	0	2	741,062	174,261	915,323
SOCIAL POLITICS - MONITORING &	2,176,000		2,176,000	0	0	0	0	0	0	0	0	1	1	0	116,006	116,006
CROSS-SECTORAL COSTS	1,996,000		1,996,000	0	0	0	0	0	0	0	4	8	12	0	1,358,231	1,358,231
PROTECTION	2,507,000		2,507,000	0	0	0	1	0	0	1	1	1	3	741,062	290,267	1,031,329
TOTAL RR	17,663,000		17,663,000	0	0	0	3	0	0	3	7	12	22	2,223,186	2,314,400	4,537,586
OTHER RESOURCES :																
HEALTH/NUTRITION		4,000,000	4,000,000	0	0	0	1	0	0	1	1	1	3	741,062	290,441	1,031,503
BASIC EDUCATION		2,500,000	2,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
PROTECTION		1,500,000	1,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		8,000,000	8,000,000	0	0	0	1	0	0	1	1	1	3	741,062	290,441	1,031,503
TOTAL RR & OR	17,663,000	8,000,000	25,663,000	0	0	0	4	0	0	4	8	13	25	2,964,248	2,604,841	5,569,089
SUPPORT BUDGET	Operating costs		2,297,739													
	Staffing			0	0	1	2	0	0	3	2	9	14	2,314,003	1,521,764	3,835,767
GRAND TOTAL (RR + OR + SB)				0	0	1	6	0	0	7	10	22	39	5,278,251	4,126,605	9,404,856
Number of posts and staff costs:																
Current programme cycle										6	10	21	37			
At the end of proposed programme cycle (indicative only)										7	10	22	39	5,278,251	4,126,605	9,404,856

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.